

<div> <div> <div>MULTIPLE DEPENDENT CLAIM</div> <div>FEE CALCULATION SHEET</div> <div>(FOR USE WITH FORM PTO-875)</div> </div> <div> <div>SERIAL NO.</div> <div>FILING DATE</div> </div> </div> <div> <div>APPLICANT(S)</div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
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50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	18						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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